# GIO Workers Compensation – Australian Capital Territory Employer's claim form

Employer cost centre		GIO reference number			
-		anagement request 🛛	Claim 🗌		
(Select one or more of the above ch					
To be completed by employer					
Print in BLOCK LETTERS and mark v	vith a tick where appropriate.				
1. Employer details					
Full name (per policy)					
ABN		Policy no.			
Telephone	( )	Fax	( )		
Workplace size (no. of employees)					
Postal address					
		State	Postcode		
Location address					
		State	Postcode		
If as above					
Name and location where worker er	nployed (depot, branch, etc.)				
		State	Postcode		
Business activity or profession					
Name of authorised person					
Position in organisation					
Mobile		Telephone	( )		
Fax	( )				



Address for corresp	pondence (if different to	above)					
				State	Postcode		
Email address							
Bank Account Nam	e						
BSB							
Bank Account Num	ber						
2. Details of inju	ired worker						
Title	Surname			Given name(s)			
Residential addres	S						
				State	Postcode		
Date employed	/ /	- Full time	Parttime 🗌	Temporary	🗌 Casual 🗌		
Telephone: Home	( )			Work (	)		
Mobile							
Date of birth	/ /	Sex Male	Female 🗌 C	Occupation			
Main tasks perform	ned by worker						
Is worker a direct e					Ň	Yes 🗋	No
in No , explain emp	oloyment relationship						
Where time lost, pl	ease complete question	s on rear of form. Plea	ase complete dec	claration on the ba	ack.		
3. Rehabilitation							
	have their own Return-t	o-work Co-ordinator?	>		Ň	Yes 🗌	No 🗌
	turn-to-work Co-ordina						
Telephone	( )			Fax (	)		
	urned to work under a Re	eturn-to-work Plan?			N	Yes 🗌	No 🗌
Does the employer	have a preferred rehabi	litation provider?			N	Yes 🗌	No 🗌
lf "Yes", name of rel	habilitation provider						

Has the worker been referred to this provider?

( )



Yes 🗌

No 🗌

( )

Fax

# 4. Accident/injury details

Where did the injury happen?	During a break at work 🛛	Away from work during a re	cess 🗌 Vehicle a	ccident while wo	orking 🗌
Travelling to or from place of empl	oyment 🗌 Atwork 🗌	Other 🗌 e.g.			
Date of injury /	/ Time of injury	(am/pm)	Date notice given	/	/
Time notice given	(am/pm) To whom v	vas the accident reported?			
Address of place where injury occ	urred				
		State	e Post	code	
How did the injury occur and what	was the worker doing at the	time?			
Describe the injury/condition (e.g.	laceration, dermatitis)				
Parts of body affected (e.g. left up	per arm, right ankle, etc.)				
Did you query the validity of the in	ury/accident?			Yes 🗌	No 🗌
If "Yes", explain why					
Details of previous related injuries	if known				
Was first aid provided?				Yes 🗌	No 🗌
If "Yes", give details					
Treating doctor's name					
Address					
		State	e Post	code	
Telephone	( )	Fr	ax ( )		
Email					



#### Name and address of any witness(es)

1. Title Surnam	e Given name(s)
Email address	
Mobile	Relationship
2. Title Surnam	e Given name(s)
Email address	
Mobile	Relationship
5. Time particulars lost	
Date worker ceased work	/ / / Time worker resumed work (am/pm)
Has worker resumed work?	Yes 🗌 No 🗌
Has worker resumed on pre-inju	y duties? Yes No 🗌
Normal "start time" on day of inju	ry (am/pm)
Normal working hours e.g. 7.00ar	n to 3.30pm Monday to Thursday, 7.00am to 1.00pm Friday?
	to days
	to days
	<b>nours</b> calculated over the previous 12 months, or period of employment, lude overtime hours unless the overtime has been worked in a regular hours
	earnings calculated over the previous 12 months, or period of employment,

Average weekly pre-incapacity earnings calculated over the previous 12 months, or period of employmen if less than 12 months. Do not include overtime hours unless the overtime has been worked in a regular and established pattern.

## 6. Employers obligations and declarations

The employer must give GIO notice of an injury (an injury notice) within 48 hours of becoming aware that a worker has received a workplace injury. If the employer fails to comply with this, the employer is liable to pay the worker weekly compensation from the end of the notification time until such time that the employer gives GIO the injury notice.

The notice to GIO may be given orally, or in writing, or electronic form. If notification is given orally the employer must notify GIO in writing or electronically within 3 days after giving such notice.

The injury notice form, together with the injured workers claim form, must be forwarded to GIO Canberra, PO Box 47, Woden ACT 2606 within 7 days of receiving the injured worker claim form.

A claim for weekly benefits will only be considered if accompanied by a WorkCover compliant medical certificate providing the doctors opinion as to the causation of the injury, the relationship to the injury to employment, the diagnosis, prognosis, and recommended treatment.

#### The Workers Compensation Act 1951 (ACT), s.105 requires an employer to provide suitable work for full-time, part-time and casual workers.

I (print your name, position)

declare that the above details are true and correct in every particular.
Signature of employer/authorised person
Date
///



# 7. Privacy statement

AAI Limited trading as GIO is a member of the Suncorp Group, which we'll refer to simply as "the Group".

#### Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- identify you and conduct appropriate checks;
- administer and manage our products and services and systems, including the management and administration of underwriting and claims, recoveries and settlements;
- assess and investigate any claims made by our customers under their policies;
- assess and investigate any claims made by you against one of our customers;
- seek recovery from you due to any claim we or our customers may have against you;
- manage, train and develop our employees and representatives;
- manage complaints and disputes, and report to dispute resolution bodies; and
- get a better understanding of you, your needs, your behaviours and how you interact with us, so we can engage in product and service research, development and business strategy including managing the delivery of our services and products via the ways we communicate with you.

#### What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not:

- be able to assess, investigate or manage the claim; or
- provide you and/or our customers with any or all entitlements under the policy

#### How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We also provide your personal information to other related companies in the Group, and they may disclose or use your personal information for the purposes described in 'Why do we collect personal information?' in relation to products and services they may provide. They may also use your personal information to help them provide products and services to other customers, but they'll never disclose your personal information to another customer without your consent.

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Autonomous Sanctions Act 2011, Workers Rehabilitation and Compensation Act 1988 (TAS), Workers Compensation and Injury Management Act 2023 (WA), Return to Work Act 1986 (NT), Workers Compensation Act 1951 (ACT), Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Taxation Administration Act 1953, A New Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001, as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- the insured, policy or product holder;
- other companies within the Group and other trading divisions or departments within the same company (please see our Group Privacy Policy for a list of brands/companies);
- any of our Group joint ventures where authorised or required;
- customer, product, business or strategic research and development organisations;
- data warehouse, strategic learning organisations, data partners, analytic consultants;
- publicly available sources of information;
- a third party that we've contracted to provide financial services, financial products or administrative services for example:
  - information technology providers,
  - administration or business management services, consultancy firms, auditors and business management consultants,
  - marketing agencies and other marketing service providers,
  - claims management service providers,



- print/mail/digital service providers, and
- imaging and document management services;
- any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- accounting or finance professionals and advisers;
- government, statutory or regulatory bodies and enforcement bodies;
- the Australian Financial Complaints Authority or any other external dispute resolution body;
- credit reporting agencies;
- other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- legal and any other professional advisers or consultants;
- hospitals and, medical, health or wellbeing professionals;
- debt collection agencies;
- any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, e.g. your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

#### **Overseas disclosure**

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?'

The complete list of countries is contained in our Group Privacy Policy, which can be accessed at www.gio.com.au/privacy, or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

#### How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in **Contact Us**.

#### Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, or obtaining a list of overseas countries you can:

- Visit www.gio.com.au/privacy.
- Speak to us directly by phoning 13 10 10 or by
- Email at WC.Complaints@suncorp.com.au

#### How to return this form

- Email: wcclaimsact@gio.com.au
- Fax: 1300 725 840
- Post: ACT Claims, PO Box 47, Woden ACT 2606

## How to contact us

- Phone: 13 10 10
- Web: gio.com.au

